

Michigan Department of Agriculture
Pesticide and Plant Pest Management Division
P.O. Box 30017
Lansing, Michigan 48909
(517) 241-1169

PESTICIDE APPLICATION NOTIFICATION REGISTRY

(in Accordance with Act 451, P.A. 1994)

PLEASE PRINT OR TYPE

1 NAME OF PERSON REQUIRING NOTIFICATION					
LAST		FIRST		MIDDLE INITIAL	
STREET ADDRESS					
CITY		STATE		ZIP _____	COUNTY
TELEPHONE NUMBER				ALTERNATE TELEPHONE NUMBER	
2 NAME OF PERSON TO BE CONTACTED PRIOR TO APPLICATION (If Different Than Above)					
LAST		FIRST		MIDDLE INITIAL	
STREET ADDRESS					
CITY		STATE		ZIP _____	COUNTY
TELEPHONE NUMBER				ALTERNATE TELEPHONE NUMBER	
3 PHYSICIAN'S INFORMATION					
PHYSICIAN'S LAST NAME		FIRST		MIDDLE INITIAL	
STREET ADDRESS				TELEPHONE NUMBER:	
				FAX NUMBER:	
CITY		STATE		ZIP	COUNTY
4 Record adjacent property addresses on the back of this form. If additional distance notification for non-adjacent properties is deemed necessary and substantiated by your physician, YOU MUST SUPPLY THE NAMES AND ADDRESSES OF THE ADDITIONAL DISTANCE PROPERTY OWNERS on the separate form provided by the Department (Additional Properties Listing).					
5 I certify that the foregoing information is true and accurate to the best of my knowledge and belief. I understand that providing false information on this application will result in denial or deletion of registration. I further understand that the registry only pertains to persons potentially exposed to applications of lawn and ornamental pesticides.					
6 SIGNATURE OF APPLICANT OR LEGAL GUARDIAN					DATE

Public Information Notice

Regulation 637, Pesticide Use, requires the Michigan Department of Agriculture (MDA) to establish a registry of persons requiring notification prior to the application of lawn and ornamental pesticides on adjacent properties. In order to be registered, this application form must be submitted to MDA by **February 1**. The information will be reviewed to determine the applicant's eligibility for registration. It is the responsibility of the applicant or applicant's legal guardian to inspect, amend, or correct the application information. The applicant's name and telephone number and physician's certification information contained are confidential information. All other information may be subject to public inspection under the Michigan Public Information Act. Nonconfidential information will be routinely shared with county health departments and commercial pesticide applicators required to provide notification to the registered applicant. Application information will not be routinely shared with state, federal, or local government agencies.

(CONTINUE ON REVERSE)

TO BE COMPLETED BY APPLICANT - PLEASE PRINT

7 ADJACENT PROPERTY ADDRESSES THE FOLLOWING INFORMATION MUST BE SUPPLIED FOR EACH PROPERTY ADJACENT TO THE APPLICANT'S RESIDENCE WHERE LAWN OR ORNAMENTAL PESTICIDE APPLICATIONS MAY OCCUR:		
1 NAME		
ADDRESS		
CITY	STATE	ZIP
2 NAME		
ADDRESS		
CITY	STATE	ZIP
3 NAME		
ADDRESS		
CITY	STATE	ZIP
4 NAME		
ADDRESS		
CITY	STATE	ZIP
5 NAME		
ADDRESS		
CITY	STATE	ZIP
6 NAME		
ADDRESS		
CITY	STATE	ZIP
7 NAME		
ADDRESS		
CITY	STATE	ZIP
8 NAME		
ADDRESS		
CITY	STATE	ZIP

Names and addresses of additional distance property owners must be submitted on the form provided by the Department.